

SCC eFile	2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	212528879			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: ALEXANDRIA SEAPORT FOUNDATION</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: DUNCAN W BLAIR 524 KING ST ALEXANDRIA, VA 22314</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: ALEXANDRIA CITY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 7/31/2012</p> <p>SCC ID NO: 02317212</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: PO BOX 25036</p> <p style="margin-left: 40px;">CITY/ST/ZIP: ALEXANDRIA, VA 22313</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: CHARLES W BALLOU TITLE: TREASURER ADDRESS: 2112 WAKEFIELD COURT CITY/ST/ZIP/CO: ALEXANDRIA, VA 22307 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: CHARLES W BALLOU TITLE: TREASURER ADDRESS: 2112 WAKEFIELD COURT CITY/ST/ZIP/CO: ALEXANDRIA, VA 22307	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME:	Tom Tuttle	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	110 West Monroe Ave		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22301		
NAME:	Kent Barnekov	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2820 Mustang Dr		
CITY/ST/ZIP/CO:	Herndon, VA 20171		
NAME:	Jay Creech	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	12001 Severn Hills Lane		
CITY/ST/ZIP/CO:	Clifton, VA 20124		
NAME:	Mary Dunbar	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2508 Valley Drive		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22302		
NAME:	Sally Harper	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6 W Rosemont Ave		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22301		
NAME:	Christopher Heinz	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	9 Muster Drive		
CITY/ST/ZIP/CO:	Stafford, VA 22554		
NAME:	David Helgerson	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	640 South 24th St		
CITY/ST/ZIP/CO:	Arlington, VA 22202		
NAME:	Matthew Herrington	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	Steptoe & Johnson		
CITY/ST/ZIP/CO:	1330 Connecticut Ave NW Washington, DC 20036		
NAME:	Brian Lockett	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3109 34th St NW		
CITY/ST/ZIP/CO:	Washington, DC 20008		
NAME:	Carroll Robertson	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	702 W Abdingdon Ct		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22314		
NAME:	Craig Robertson	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	145 W 67th St Apt 12A		
CITY/ST/ZIP/CO:	New York, NY 10023		

NAME: Carl Santillo TITLE: DIRECTOR ADDRESS: 7812 Southdown Rd CITY/ST/ZIP/CO: ALEXANDRIA, VA 22308	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: Marie Schuler TITLE: DIRECTOR ADDRESS: 508D South Van Dorn CITY/ST/ZIP/CO: ALEXANDRIA, VA 22304	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.	
/s/ Tom Tuttle SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	Tom Tuttle, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE
7/30/2012 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.	